PART B - FEE(S) TRANSMITTAL

FER 2 7 2006	his form, together wit		or F	P A Sax (5	Mail Stop ISSUE Commissioner for O. Box 1450 Clexandria, Virgi (71) 273-2885	r Patents mia 22313-1450		
INSTRUCTIONS This for appropriate. All further contributes corrected maintenance fee notification	rm should be used for tran rrespondence including the l below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and P ders and notifi) specifying a	PUBLICATION of new corre	TION FEE (if requirements maintenance fees we espondence address;	red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
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SONNENSCHEIN NATH & ROSENTHAL LLP P.O. BOX 061080 WACKER DRIVE STATION, SEARS TOWER CHICAGO, IL 60606-1080				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.				
02/28/2006 EAREGAY2 00000015 10613789					David R. Metzger (Depositor's name)			
			Janis	(C) Market	(Signature)			
01 FC:1501 02 FC:1504	300.00 OP				February	22, 2008)	(Date)	
03 FC:8001 APPLICATION NO.	6.00 OP FILING DATE		FIRST NAMED	RST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/613,789	07/03/2003 Mototsugu Ab			gu Abe		09792909-5651	7002	
TITLE OF INVENTION: S	IMILAR TIME SERIES DE	TECTION METH	OD AND APP				<u> </u>	
APPLN. TYPÉ	SMALL ENTITY	ISSUE F	EE PU		LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$300	\$1700	04/12/2006	
EXAMINER		ART UNIT		CLAS	SS-SUBCLASS			
RAYMOND, EDWARD			7 702-189000					
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Please check the appropriate 4a. The following fee(s) are	e assignee category or catego		rinted on the pa	<u></u>	☐ Individual ★★Co	rporation or other private gr	oup entity Governmen	
XX Issue Fee	A check in the amount of the fee(s) is enclosed.							
_			Repayment by credit card. Form PTO-2038 is attached. any deficiency					
Advance Order - # o	XXThe Director is hereby authorized by charge							
	(from status indicated above	•			17-1140			
	MALL ENTITY status. See					LL ENTITY status. See 37 C		
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